

**AFFIDAVIT OF CERTIFIED INSTALLER WHO EMPLOYS A  
MODULAR INSTALLER CERTIFICATE OF TRAINING HOLDER**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
NAME OF CERTIFIED MODULAR INSTALLER

\_\_\_\_\_  
CERTIFICATION #

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_  
NAME OF MODULAR CERTIFICATE OF TRAINING HOLDER

\_\_\_\_\_  
TRAINEE #

\_\_\_\_\_ works for me in my business as a Modular Installer  
(Modular Installer Trainee)  
of Modular homes and buildings in Alabama.

I understand that I will be responsible for any damage to homes and buildings caused by  
\_\_\_\_\_ related to the transport or installation of

(Modular Installer Trainee)  
modular homes and buildings for which I contract and authorize

\_\_\_\_\_ to transport and/or install. I also understand that I  
(Modular Installer Trainee)  
will be held responsible for any work this individual does without my approval, related to  
the transportation and/or installation of modular homes and buildings. I understand and  
agree that in the event \_\_\_\_\_ is no longer

(Modular Installer Trainee)  
associated with me in my business that it is my responsibility to immediately provide  
written notice to the Alabama Manufactured Housing Commission.

\_\_\_\_\_  
Signature of Certified Modular Installer

\_\_\_\_\_  
Print or Type Certified Modular Installer Name

\_\_\_\_\_  
Signature of Modular Certificate of Training Holder

\_\_\_\_\_  
Date

Note: This form must be completed by the Certified Installer and provided to the Alabama Manufactured Housing Commission.